

## AUTOMATIC WITHDRAWAL AUTHORIZATION

☐ New
 ☐ Change
 ☐ Inactivate

Office Use Only  
 Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_

- For New or Change, complete all sections of this form and include signature or processing will be delayed.
- To Inactivate, complete section 1 only and include signature in section 3.

### 1. GET Account Owner Information

GET Account Number \_\_\_\_\_ Type of GET Account: ☐ Lump Sum ☐ Custom Monthly  
 GET Account Owner \_\_\_\_\_ Student Beneficiary \_\_\_\_\_

### 2. Banking Information - Account Holder

Name (First, Middle, Last, Suffix) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Street Address/Apartment Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Post Office Box Number \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_  
 City / State / ZIP Code \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### 3. Authorization

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. Also, GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals occur automatically on the 15<sup>th</sup> of each month or on the next business day if the 15<sup>th</sup> falls on a weekend or holiday. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET account a returned ACH fee in accordance with the Master Agreement section on dishonored payments. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date, but by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.

Account Type ☐ Checking ☐ Savings Withdrawal Amount \$\_\_\_\_\_ per month  
 Bank Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please **TAPE** a **checking** account voided check or a **savings** account deposit slip **HERE**. (Please do **NOT** staple)  
 (If you do **not** provide a checking account voided check, or a savings account deposit slip, please provide the following information:)

Financial Institution Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ State / Zip Code \_\_\_\_\_  
 Transit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
 (9 digits)

Please do NOT attach a deposit slip for checking account withdrawals.  
 If a savings account has been designated, please be aware that some financial institutions do not allow for automatic withdrawal.